

Express Mail Number: EV 249529496 US  
Docket Number: 29126.00

PTO/SB/81 (06-03)  
Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	GAMMONS
Title	Hand Held Remote Cover
Art Unit	
Examiner Name	
Attorney Docket Number	29126.00

I hereby appoint:

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I am the:

- ☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/196).

**SIGNATURE of Applicant or Assignee of Record**

Name

Adroit Medical Systems, Inc., Clifford Eugene Gammons, President

Signature

*Clifford Eugene Gammons*

Date

10-29-03

Telephone

865-458 8600-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Adroit Medical Systems, Inc.

Application No./Patent No.: \_\_\_\_\_ Filed/issue Date: \_\_\_\_\_

Entitled: Hand Held Remote Cover

Adroit Medical Systems, Inc., a corporation of Tennessee

(Name of Assignee)

(Type of Assignee, e.g. corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

A. [ ] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
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3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
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[ ] Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

10-29-03

Date

865 458 8600-103

Telephone number

Clifford Eugene Gammons

Typed or printed name

Clifford Eugene Gammons

Signature

President

Title

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).*

**SIGNATURE of Applicant or Assignee of Record**

Name

Clifford E. GAMMONS

Signature

*Clifford E. Gammons*

Date

*10-29-03*  
*865-458-8600-103*

Telephone

*865-458-8600-103*

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